of for use through 7/31/2005 (OB-03)

	Under the	Papereors Red	uction Act of	1995, no per	1012 E13	Ocidand to a		U.S. Peter	A ben't bos b	PPROVED (	or use 0 leac U.S	DEPARTME	06. ONB 065	1-001	
	PATENT APPLICATION FEE DETERMINAT  Substitute for Form 970, 976							TON RECORD				ers à displays a valid OMB control numbe			
	.,										1091665 899°				
	CLAIMS AS FILED - PART I														
	FOR MARKET TO THE STATE OF THE						_	SMALL ENTITY			OR	SM	HER THAN		
	BASIC FEE CIT CFR 1.16(4	<del></del>	NUMBER	FILED	NUMBER EXTRA			RAT	E	FEE		RATE		_	
	TOTAL CLAIM	2						L	1.3	85.°		ROLLE	FEE	_	
	DO OFR 1.18(0	CLAINS		bus 20 •	•			x 29.00		<u> </u>	<b>CR</b>	x \$ 18.0	1770		
	(37 G-R 1.16(b))		minus 3 e		•		$\neg$	x 113	5		<b>₩</b>	-			
į	MULTIPLE DEPENDENT CLAIM PRESENT (D7 CFR 1.16(d))						$\neg$		<del></del>	-	OR	× 86.0		_	
	. It the different	the difference to column 1 is less than zero, enter "o" in column 2.						+:146	4		OR	+,200:			
-						n Z		TOTAL	. ட_		OR	TOTAL			
- [	3/4/5	CLAIMS A	S AMEN	DED - PA	RTII									┪	
ŀ	<u> </u>	(Colum		(Ca	zkenan 2)	(Column 3)	23				00	OTHER	R THAN		
	_ [	REMAD	NING	HIG	SHEST MBER	PRESENT	<u> </u>		L ENTIT		OR	. SMAL	ENTITY		
1	Total  OF CAR LING  WAS PRINCED TO THE CAR LI	AFTE	9R (	PREV	TOUSLY DFOR	EXTRA	'	RATE	ADI		- 1	RATE	ADD)-	$\neg$	
	S CO CO A LING		Mb	4 - 7	T	<del> </del>	-1 H		FE		L		TIONAL	-	
L	U (P CFR L160	o L	Min	Minus ···		<del> </del>	┩┟	<u> </u>	<del> </del>		OR	x = 18 -		7	
	₹ FORST PRESENTATION OF USE							x : 43.			OR	× . 86 .		7	
Γ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(4))							••Há-		- 1.	or [	+290.		٦.	
	4/14.0	65						TOTAL NOO'L FEE		7,		TOTAL		-	
H	+	(Cotumn			2ma 2)	(Column 3)				<b>-</b> '	<i>-</i> .	NOD'L FEE	·	4	
٤		REMAINS	NG I	HIGH	ER	PRESENT	ר ר	RATE	T	7	Г			1	
ú	Total	AMENDNE	NT	PAID	FOR	EXTRA	П	TONIE	TIONA	.		RATE	ADDI- TIONAL		
AMENDARAL	(NF CFR 1.150ct)	125	Minus	PA	24	•	1 1.	.9.	FEE'		⊢		FEE	1	
ME	thocheudoug troppediate	1	Minus	170	6	•	1 -	12	<del> </del>	∾	³  ×		2010	]	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM GT CFR 1.166(1)						╽┝	145	<b></b> -	-   ∘	` 🗀		Melind	1	
	A. A. F. Colon								·	_ of		290.			
			TAL OL FEE		_ OR		TAL OL FEE								
ပ		(Column 1) CLAIMS		(Cotum		Cotumn 3)	_			_				•	
		REMAINING	-1	NUMBE PREVIOU	RIF	RESENT EXTRA		RATE	ADDI	7				•	
ENDMENT	Total	AMENDMEN	Minus	PAID FO	R	EXIKA	L	1	TIONAL	1	1	RATE	ADDI- TIONAL	٠	
밁	tridependent (SF CFR 1.15(b))	<i>-13</i>	Minus	2	<u> </u>		× 3	9.7		1	<b>—</b>	18	FEE /		
≅ŀ		_5_			<u> </u>		X-8	43.		OR	_		/-		
7	FIRST PRESENT				OR	_	86:	-/							
101A OR + 1010.													/		
	if the entry in co If the "Highest N If the "Highest No	tumn 1 is less th tumber Previous	ien the entry	in column 2,	auge A.	in column 3.		1 FEE		OR	ADD	TFEE			
****	if the "Highest Mu The "Highest Mur	mba. O	7.40.0	ar i maj ora	CE to les	1 fban 20	ler "20". r "3".					7			
001	ection of inform	athro is market	4 2 2 2 2	U FIGED	wident) is	the highest	unuper	Cound in the					í		

This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to fits (and by the USP10 to process) an application. Confidentially is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 manutes to complete including gathering, preparing, and submitting the completed application form to the USP10. Time will vary depending upon the individual cases. Any comments on the amount of time you require to complete this form another suggestions for reducing this burden, should be sent to the Chief information Officer, U.S. Patient and Transmark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS

If you need assistance in completing the form, cell 1-800-PTO-9199 and select option 2.